			PTO/SB/	01. 02 & 04 COMBIN	VED (08-03) AW (10-03			
	DECLARATION/ POWER OF ATTORNEY			IATB-403US				
FOR UTILI	First Named	Inventor: Ta	akuma Asari et al.					
PATENT A		COMPLETE IF KNOWN						
		Application N	lumber: To	Be Assigned				
Submitted Submi	nitted after Initial Deck	plemental Filing Date:	He	erewith				
Filing (37 C	FR 1.16 (e))	OFR 1.67) Art Unit.	To	Be Assigned	**************************************			
(37 CFR 1.63) requir		Examiner Na	me: To	Be Assigned				
I believe the inventor(s) named be sought on the invention entitled:  CONFIGURABLE TWO DIME				<del></del>				
the specification of which								
is attached hereto				·				
OR								
was filed on (MM/DD/YY	YY) as United State	es Application or PCT Intern	ational Application Nu	mber				
and was amended on (MM/DD/YY dentified specification, including the	YY) (if applicable).  ne claims, as amended by	I hereby state that I have reany amendment specifically	eviewed and understar referred to above.	id the contents o	of the above			
acknowledge the duty to disclose applications, material information villing date of the continuation-in-pa	wiich decame avaliable de	rial to patentability as define etween the filing date of the p	d in 37 CFR 1.56, incl prior application and th	uding for continue national or PC	uation-in-part CT International			
hereby claim foreign priority bene preeder's rights certificate(s), or 36 of America, listed below and have a ights certificate(s), or any PCT inte	also identified below, by ch	nal application which design	lated at least one cour	itry other than th	e United States			
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified C	opy Attached?			
	1	1						

Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

PTO/SB/01. 02 & 04 COMBINED (08-03) AW (10-03)

## Declaration/Power Of Attorney for Utility or Design Patent Application (continued) I hereby appoint: Practitioners at Customer Number 23122 Practitioner(s) named below: Name Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Direct all correspondence to: Practitioners Customer Number listed above: OR Correspondence Address Below Name: Address: City: State: Zip: Country: Telephone: Fax I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor: A Petition has been filed for this unsigned inventor. Given Name (first and middle (if any)) Family Name or Sumame Takuma Asani ma Seari 2004/3/25 Inventor's Signature Residence: City: Hyoga State: Country: Japan Citizenship: Japan Mailing Address: 2-3-23-201 Mikage-Nakamachi Mailing Address: Higashinada, Kobe City: Hyogo State: Zip: 658-0054 Country: Japan igtieq Additional inventors are listed on the next page.

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## Declaration/Power Of Attorney for Utility or Design Patent Application (continued)

Name of Second Inventor:		A Petition has been filed for this unsigned inventor.				
Given Name (first and middle	e (If any))	Family Name or Surname				
Daniel	1-	Hogan				
Inventor's Signature	1/2		Date: 3/26/04			
Residence: City: Acton	State: MA	Country: US Citizenship: US				
Mailing Address: 24 Knowlton Drive						
Mailing Address:						
City: Acton	State: MA	Zlp: 01720	Country: US			
Name of Third Inventor:		A Petition has been filed for this unsigned inventor.				
Given Name (first and middle	(if any))	Family Name or Surname				
			·			
Inventor's Signature		Date:				
Residence: City:	State:	Country:	Country: Citizenship:			
Mailing Address:			1			
Mailing Address:						
City:	State:	Zip:	Country:			
Name of Fourth Inventor:		A Petition has been filed for this unsigned Inventor.				
Given Name (first and middle	(if any))	Family Name or Surname				
Inventor's Signature			Date:			
Residence: City:	State:	Country:	Citizenship:			
Mailing Address:						
Mailing Address:						
City:	State:	Zip:	Country:			
Additional inventors are listed on Supplemental Sheet(s).						